DD 1380 TCCC CASUALTY CARD

A CASUALTY DETAILS

Fill in casualty's personal info and unit details along with the date (DD-MM-YY) and the time of injury. Use a 24-hour clock indicating local (L) or zulu (Z) time (e.g., "1300Z").

Battle Roster # consists of the initials of casualty's first and last name, followed by the last four digits of casualty's Social Security number (found on dog tag). (e.g., John Doe. John Doe 123-12-1234 = #JD1234).

Urgent (evac <1 hr)
Evac within one hour to prevent loss of life, limb, or eyesight.

Priority (<4 hrs)
Evac within 4 hours to prevent condition from worsening and becoming urgent.

Routine (<24 hrs)
For all other situations, but still accomplished within 24 hrs.

B DETAILS OF INJURY

Mechanism of injury: Mark an "X" on the mechanism of injury (or cause of injury e.g., artillery, blunt, burn, fall, grenade, gunshot wound (GSW), improvised explosive device (IED), landmine, motor vehicle crash/collision (MVC), rocket-propelled grenade (RPG), other (specify)).

Injury: Mark all that apply. Mark injury sites on the body picture using an "X". For burn injuries, circle the burn percentage(s) on the figure. If multiple mechanisms of injury and multiple injuries, draw a line between the mechanism of injury and the anatomical site of the injury.

If a tourniquet is applied to an arm or leg, write type of tourniquet used and the time of tourniquet application in the box that corresponds to the tourniquet location.

C SIGNS & SYMPTOMS

Make a record of vital signs *(pulse rate and location, blood pressure, respiratory rate, oxygen saturation)* indicating time of reading above.

Record level of consciousness *(AVPU: Alert, responds to Verbal stimulus, responds to Pain stimulus, Unresponsive)*, and level of pain *(on numeric rating scale of 0 to 10, with 0 being no pain and 10 being the worst pain)* with time.

TACTICAL COMBAT CASUALTY CARE (TCCC) CARD

A

BATTLE ROSTER #: _____

EVAC: ☐ Urgent ☐ Priority ☐ Routine

NAME (Last, First)**:** _____   **LAST 4:** _____

GENDER: ☐ M ☐ F **DATE** (DD-MMM-YY)**:** _____   **TIME:** _____

SERVICE: _____   **UNIT:** _____   **ALLERGIES:** _____

B

Mechanism of Injury: (**X** all that apply)
☐ **Artillery** ☐ **Blunt** ☐ **Burn** ☐ **Fall** ☐ **Grenade** ☐ **GSW** ☐ **IED**
☐ **Landmine** ☐ **MVC** ☐ **RPG** ☐ **Other:** _____

Injury: (Mark injuries with an **X**)

TQ: R Arm	TQ: L Arm
TYPE: _____	TYPE: _____
TIME: _____	TIME: _____

TQ: R Leg	TQ: L Leg
TYPE: _____	TYPE: _____
TIME: _____	TIME: _____

(Body figures marked: 4.5, 18, 4.5, 1, 9, 9 front; 4.5, 18, 4.5, 1, 9, 9 back)

C

Signs & Symptoms: (Fill in the blank)

Time				
Pulse (Rate & Location)				
Blood Pressure	/	/	/	/
Respiratory Rate				
Pulse Ox % O2 Sat				
AVPU				
Pain Scale (0-10)				

DD Form 1380, JUN 2014   **TCCC CARD**